Board of Law Examiners

STATE OF WEST VIRGINIA

City Center East, Suite 1200 B 4700 MacCorkle Ave., SE Charleston, WV 25304 Phone (800) 841-6212 OR (304) 558-7815

AFFIDAVIT OF ACTIVE PRACTICE

examination to the pr	wear that I have actively pr ractice of law in the State o sion to this jurisdiction.	racticed law for five of the seven years next preceding my application of West Virginia and that I have every intention of practicing law in	ion for admission without the State of West Virginia
Date of application:		Signature:	
		DESCRIPTION OF ACTIVE PRACTICE	
In the space preceding your appli-	provided below, please accordance (Account for any p	ount for all employment, with exact dates and detailed descriptions eriod of time that you were unemployed, and provide an explanation	s of duties, for the seven years next on for that time period.)
Employment <u>Dates</u>	Job <u>Title</u>	Job Description (Please be specific)	Did this position require that you be an attorney?